



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH COMMUNITY CORRECTIONS**

**NOTICE OF RESCISSION**

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**Policy/Procedure/Form Rescinded:**

\_\_\_\_\_

*(Number)*

\_\_\_\_\_

*(Title)*

**Replaced by Policy/Procedure/Form:**

*(If Applicable)*

\_\_\_\_\_

*(Number)*

\_\_\_\_\_

*(Title)*

**Effective Date of Rescission:**

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**Reason for Rescission**

\_\_\_\_\_

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YCC Bureau Chief Signature

\_\_\_\_\_

Date

*\*\*Insert this form in place of the rescinded policy, procedure, or form\*\**

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